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WHY STUDY HOMŒOPATHY?

(The following paper was recently read before the Hahnemannian Society of the College of Homœopathic Medicine, Columbus, Ohio.)

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THE study of Homœopathy is a life study, and the more we go into the intricacies of the tangled web, as it first appears to us, the more we see the grandeur of the great principles and the more we are inspired to go deeper and know more of its powers. Homœopathy is not founded on supposition or conjecture, it postulates no theory of disease or drug action. It is a simple rule of treatment taken from known facts. Homœopathy deals with both the science and the art of healing by its great law of similars, and to use the art without the science is not only useless but the results are sure to be disastrous. Homœopathy is now practiced in the greater part of the civilized world, especially in the countries that have been invaded by German and English speaking people. Its great truths are spoken in every language to help comfort and encourage afflicted humanity. Its doctrines and laws are distorted more by its pretended followers than by any one else, and this is undoubtedly due to the fact that a clear knowledge of its teachings is not well grounded into the profession during student days when the time is ripe to make deep and lasting impressions. Later in life it may be partly due to the pleasant sounding voice and balmy words of the traveling drug man whose wares are so all inclusive in healing proclivities that to refuse to buy of him places the whole community in danger of certain death.

As we think over some of the various treatments that have come to our notice in the passing years from other methods of cure (so-called) we are the more convinced that if a drug was good yesterday for colic it is good to-day, and it will be good to-morrow. Natural law has no time limits.

When we think that it has not been necessary for the Homœopath to jump from one thing to another, as a new firm puts on the market a specific for the absolute cure of a disease, to be abandoned to-morrow for another fad, there comes to us a sense of gratification that after having tried all things we will hold fast to that which is best.

However real and pleasant theories may appear to us and however logical the principles arrived at by induction, reliance cannot be placed upon them until their practical *worth* is demonstrated to us by experiencing their true values. What would the law of gravitation amount to if we did not know it would work in every case? What would the Homœopathic Law of cure amount to if we did not know that the symptoms before us would be cured by "Nux," provided we have the Nux picture before us in the patient. Homœopathy has proved that the severe methods in practice for centuries are not only useless but harmful, and that diseases can be successfully treated by milder measures. The public is not slow in seeing the results of the best and quickest cures, and will insist upon having them. Patients will not submit to the blisters and tortures, purging and salivation of yesterday, and Homœopathy has been, in a great measure, responsible for this change, and so has accomplished a complete revolution in medical practice. In connection with this, do not let the thought of giving homœopathic medicines become entangled with the practice of Homœopathy. An old school physician can give homœopathic medicine, but it takes a homœopathic physician to prescribe it. You can name by the dozens the remarkable so-called cures that have been placed before an unsuspecting public in press, voice and tablet, and the cult and pathy that produced the wonderful result have died with the patient, and let us hope they are now at peace and that their reward is commensurate with the work they have done on earth. The microbes of truth may be brushed aside or even buried in the archives of unbelief, but they cannot be destroyed and put out of existence by the antagonistic efforts of the people who do not like them. When the soundness of a therapeutic principle has been demonstrated by reasoning (both before and after its use), when its universality is proven by an analysis of cures by men known to be always truthful, when its application has shown its worth, then it remains for those who acknowledge its supremacy to inquire what are its requirements and its demands, what are its principles, in other words, what shall *we* do to make the most of that great thera-

peutic law in our lives, if we expect to follow the medical profession.

The homœopathic principle is this: "That conditions of disease, affections of human health, must be overcome by the institution of similar affections which will themselves yield to the recuperative tendency of the vital forces." It is not enough to say that cures *may* result from the application of this principle, they *must* result from it. If similia is a general principle it must—in therapeutics—be regarded as a "law of nature." Then the first *great* demand of us is a knowledge of the pathogenetic effects of agents to be used as remedies to work out this great law of nature. This knowledge cannot be obtained from the effects of drugs given to the sick or observations of the sick room and the unreliable appearances of an already sick system, or the resemblance to other cases, or draughts upon the imagination, or over-anxiety to satisfy or to hurry up cures by deleterious means, or the Babel-tongued teachings of experiments with the mixtures of a fanciful polypharmacy, but it must come from the careful and thorough trial of agents upon persons of *health,* and from the most reliable records and observations of cases of poisonings. Let me quote from the Organon:

"The curative power of medicines depends on their symptoms, similar to the disease but superior to it in strength, so that each individual case of disease is most surely, radically, rapidly and permanently annihilated and removed only by a medicine capable of producing (in the human system) in the most similar and complete manner the totality of its symptoms, which at the same time are stronger than the disease."

As physicians the aim of our lives should be to cure people of their physical ailments. When we see how easily some allopathic dope lets the clientele of their august following slip into the Great Beyond, we wonder, yes, we wonder if they really do glory more in knowing the pathology than the physiology. If our aim, then, is to cure and we have a system that is a law unto itself, firm, immutable and eternal, is the reason not plain to us why we should study Homœopathy? When you have the best apples in the orchard offered you and you are hungry for apples, ordinarily you do not seek out those less desirable and try to relish them but you hold fast to the very best ones. So it is in medicine. It matters little what may be the scientific explanation of *how* a cure takes place. When a pain is gone, how soon it is forgotten! What we, as physicians, are most interested in, is the rapid, gentle and permanent restoration to normal health and the removal and annihilation of the disease. That we may have a basis for the cure founded upon the premises derived from experience and study, that natural diseases are cured and overcome by suitable medicines, we have but to read again from the Organon:

"As every disease depends only on a peculiar morbid derangement of our vital force in sensations and functions when a homœopathic cure of the vital force deranged by natural disease is accomplished by the administration of a medicinal agent selected on account of an accurate similarity of symptoms, a somewhat stronger, similar, artificial morbid affection is brought into contact with, and, as it were, pushed into the place of the weaker, similar, natural, morbid irritation, against which the instinctive vital force, now merely medicinally diseased, is then compelled to direct an increased amount of energy, but on account of the shorter duration of the action of the medicinal agent that now morbidly affects it the vital force soon overcomes this, and as it was in the first instance relieved from the natural morbid affection, so it is now at last freed from the substituted artificial one, and hence is enabled again to carry on healthily the vital operations of the organism."

In affirmation of above statement, we know that our human bodies are more susceptible to medicines in health than in morbid and diseased conditions. We have all seen illustrations of this fact many times, especially if experiencing the proving of a drug.

Some of these facts given may be but a review of what you already know and are perfectly familiar with in detail; if so, they but help you to complete the picture and round out the great subject that we are all interested in as students of the healing art. Great have been the advances in the last few years in diagnosis, and the ways and means of diagnosis, and they are very important to us in prescribing our remedies. The tracing board often gives us the design of the whole morbid building of disease, and our way then is plain how to build our cure, to do away with the old destructive wall and erect in its place a building of health.

In the second place, my answer to the question I have selected for a text to-night Homœopathy is not only a system of rational therapeutics, but it is a system that permanently cures. Its cardinal principles have been proven valid and have stood the test of over a hundred years at the hands of the most intelligent and best educated practitioners of medicine that the world has ever had, and the experience of thousands of grateful and satisfied patients have added their testimony to the homœopathic method of medicine. In comparison with the other methods of cure you have had called to your notice many times the question, "Doctor, you have cured my skin disease, why can't you cure my liver trouble the same way?" The patient is honest in his belief because his medical adviser has told him he has cured the eruption, but he has failed to tell him that the far more dangerous condition that he now has is the direct result of his radical treatment and the powerful action of his drugs. Did you ever stop

to think that when you start a full steamed engine to going down an incline there is going to something happen if that engine is not guided, controlled and kept in due bounds by skilled hands? Did it every occur to you that if you start a full dose of drug and keep firing up that drug by repeated doses at regular intervals that there will something happen? Suppose now you are not in full control of the whole situation with the knowledge of effects, actions, and positive results, who is to blame if the direct results occur? You see the absolute need of study and work all the days of your life.

Again, suppose you do drive the eruption into some internal organ, if you are a physician in the truest sense of that word you feel the responsibility of that patient. He has trusted you with his life, what if you lose it? The most impressive way to look at this thought is to suppose that the patient is your own child. That puts an entirely different background to the picture and brings us very quickly to the cardinal principles of Homœopathy to cure "promptly, mildly and permanently." Cures are not simply keeping men and women out of the grave, it were better often if they had not been delayed when we have shattered intellects, nervous wrecks and idiots with us, to look at, to take care of, and feel sorry for their condition.

Every new patient has a few new symptoms, for he has put his own stamp on the disease he has, and this brings me to my third point:

Homœopathy requires a study of the patient's individuality and idiosyncrasies peculiar to the make-up of this one person.

Every remedy has in itself a certain amount of peculiarities that identifies it as an individual remedy, and the patient has also a certain number of peculiarities that identifies him as an individual patient, and so we may be able to fit the remedy to the patient. Did you ever notice how different one man's nose is from his next neighbor's nose, the difference in his eyes, the color of his hair, the set of his jaw? Now, if the outward features of the individual differ so much from each other, what must be the condition of the inside features? We cannot stop at physical features. Think of the mind, the passions, the will, the machine that runs the body and we have an entirely different individual in the person of James Andrew Smith than what we have in Mary Eliza Jones. The Homœopath is in the habit of studying the slightest shades of difference between patients—the little things that point to the remedy, the thing that distinguishes skill from chance.

If we looked upon disease as the old school physician sees it, we would have no means of distinction, but it is because of the little peculiarities manifested by every individual patient, through his inner life, through everything he thinks, what he does and how he acts in sickness that the Homœopath is enabled to individualize. This takes work and study. If the whole of the practice of medicine rested upon the patient coming into our offices and saying, "Doctor, I have a cold, and I would like to have you treat that cold," and you have but to reach down in your desk and pull out a bottle of tablets marked "influenza" and give him a dozen and tell him to take them "t. i. d.," then the practice of medicine would be a joke, and the greatest profession of life would be a farce. Is it any wonder that so many physicians say there is nothing in medicines, surgery is the only positive curative agent? They are right in their convictions, for they do not *know* medicine, and in their blissful ignorance we hope they are happy. To the man who works there comes the satisfaction daily of knowing that his cases are not only benefited but cured by the homœopathic remedies. Comparison, individualization and difference in the nature of things most similar are points that must be carefully considered. The substitution of one remedy for another does not do in Homœopathy. The homœopathic physician must not only individualize but he must carefully discriminate between the greater and less important symptoms, the true and the false. He must individualize things widely dissimilar in one way and yet like in other ways. A mere book-worm-symptom-hunter does not see the fine points of distinction between remedies, but couple to the knowledge he has close observation with cases and we have an accurate, easy and intelligent prescripion. A failure to recognize the underlying idiosyncrasies of a patient, even in the treatment of acute diseases, may prove fatal. It is one of the difficulties of the therapeutic art. We have to learn to read between the lines, for the prominent symptoms to the patient may not be the keynote symptoms to the prescriber. The real value placed upon an abnormal symptom brings forth the true results of the workings of the homœopathic law. It brings to light the skill of the prescriber.

My next point is the study of the law of similia with the knowledge of the individual. His brain and nervous system and the derangements that come to us in sickness bring to us the thought that the government of these symptoms rests in the individual. The fundamental cause is often entirely foreign to the apparent cause of disease. The law of Homœopathy directs and experience confirms our findings. Law is only an orderly state of government. Order exists where work is done according to the law or system, and chaos if order is not followed. Why, then, as Homœopaths, shall we not turn our lives, our thinking abilities and our scientific life into an order that will turn human beings into the right channel. If we begin our plan of thinking from the beginning we follow to right conclusions. No man is authority, but principle and law are authority, and when we learn this we are on the road to successful prac-

tice and sound prescribing. We often see that other methods of cure have no tendency to permanency in their results. By these methods there are effected changes in the economy and changes in the symptoms, but no permanent cure, the tendency being simply to the establishment of another disease, often worse than the first and without eradicating the first. Examples of this may be seen daily in the administration of morphia, and many times in the cathartics that almost tear a system to pieces and often the dose of calomel that may last for days or even years. Opium will often relieve pain, stop diarrhœa, check a menorrhagia and mitigate a cough, but woe to the patient. It annuls reaction, and there is no possible development of the symptoms that are so necessary to indicate what remedy the patient needs; and while the pain is stopped or ameliorated, the patient is not cured. As much may be said of any drug given to relieve pain or for the troubles above mentioned. While they are alluring because of the quick relief, in the end they cause us trouble, and many times the end is very unsatisfactory or even fatal. The whole future of the patient depends many times upon the conclusions that the physician arrives at from the observations of the sick—his action depends upon his observations and upon this action depends the good of the patient. If he does not know the import of what he sees, he will make wrong prescriptions, will change remedies and do all sorts of strange things, and all to the detriment of the patient.

This brings me to another point in my text:

A homœopathic physician must be an accurate observer, his observations must be definite; if they are not, his prescribing will be indefinite, and soon he will help fill the ranks of the great army of the unemployed whose banner will be Combination Tablets numbers thirteen to twenty-three.

The qualities in the physician that denote clear discernment and sound judgment are qualities that do not come at once. it may take several years of study and hard work, but these qualities are essential in forming a correct diagnosis. By diagnosis I mean the picture the disease presents, be it Antimonium tartaricum, Bryonia, Phosphorus or any other drug.

What does it matter to us whether the patient has pneumonia, bronchitis or a cold so long as he is relieved of his sick condition and a state of health substituted in its place. Most people employ a physician to heal them of their troubles, they have their case diagnosed, nearly always, before you arrive, and it is not always a matter of business to undo their opinions. The accuracy of observation often determines the loss of eyes, or some other serious trouble with the anatomy. There are classes of patients who are noted for their lying qualities and who will refer their troubles to all manner of absolutely improbable possibilities and thus endanger their lives and health. It takes careful study and observation to sort out the seeds of truth from this bunch of chaff in the hot air storm that comes from these jugglers of the truth. "It is the disturbance of the inner processes of life to which we are to look, and not alone to the outer symptoms, for the inner processes govern the outer, and the outer manifestation is but an outward expression of the inward process." We may have a mixed miasmatic action which turns a simple appearing condition into a very complex one. Symptoms may mask the conditions so that the prescription made without the most accurate observation and study will permanently injure the patient, and he will be compelled to carry through life the results of neglect on the part of his medical adviser. It then is the duty of the physician to be *able* to look into the inner recesses of human ailments. When the mysteriout veil is rent or lifted by knowledge, so that there comes to his view the whole picture of the diseased condition then he shall see, looking face to face and not be clouded by darkness, doubt, superstition and despair.

Homœopathy is the only system that goes into the very souls of men, that takes into consideration man's loves, his hates, his likes and his dislikes, that puts the man *right* in his body, not seeking to patch and repair the shattered remains of a once noble house but to bring to health, order and reason the inhabitant of that house. We are giving remedies for whose results we have scientific warrant. Remedies whose worth has been tested by scientific methods, some of them on ourselves as provers and whose powers have been proven many times. Homœopathy studies remedies for the benefit of the patient.

When all known means of the healing business have been experimented with to no effect and, as a last resort, Homœopathy has been tried and found curative, do not be deluded with the idle fancy that it is a coincidence for Homœopathy makes a specialty of such coincidences.

Homœopathy does not mean sugar pills and small doses any more than large doses and bitter tinctures, but it does mean man and body in right order, that Nature's laws be restored and the will of the Divine Maker be established in man. It brings order out of chaos and sets in motion the wheels of action that brings happiness out of utter despair. Have you not often seen the cases pronounced beyond all hope respond to this great law of Homœopathy, and a single remedy did it, not only quickly but permanently? This is the system of medicine we are interested in—the one that we are anxious to see have its just recognition—the one that the State of Ohio has so nobly helped to get a good strong foothold at the Ohio State University, and has provided a faculty with the vim, vigor and push to make itself felt throughout our great commonwealth.

As we read between the lines in the great book of human experience we see that the simplicity, agreeableness and, greater yet, the success of Homœopathy demonstrates to us beyond question that the treatment by it is more rational and more reliable than any other, and that it will be the method demanded by the thinking people of the world.

If medicine is a science we know that it must be governed by law, and in order to advance it, we must be guided and directed by law.

In time, as students and practitioners of medicine, *we* will be asked to prove our system by demonstrating our modus operandi, and we will find it no holiday task! If we are Homœopaths *from conviction*, and not from sentiment, that task will be a pleasant one, and we will be equal to the occasion.

To do this, however, you see the absolute necessity of the study, of the knowledge and of the ability to apply the great principles of Homœopathy.

HOMŒOPATHY IN OBSTETRICS.

(Written for the Southern Homœopathic Medical Association.)

BY WM. L. MORGAN, M. D., BALTIMORE, MD.

FIRST it is necessary to define what Homœopathy is, and has been from its beginning.

Homœopathy is a system of applying natural laws in finding a remedy for curing the sick, that is, to first find all the symptoms, objective and subjective, that the sick one has, and can explain so as to be clearly understood by the physician as they are. Then to find, in the materia medica, a remedy which, when used in material doses, produced in many healthy persons all of the same symptoms which the patient now feels and makes known by word or action, that is, the drug which is the "similar" of the disease, which means it contains a vito-electric or spirit-like force, similar to that which is disturbing the nerves and causing the morbid conditions called sickness.

That spirit-force which is shut up in the atoms of the material drug is set free by the process of potentiation, the material eliminated, leaving the free life-force of the drug diffused in the menstruum of alcohol, water, sugar or other neutral vehicle to be taken into the mouth, the natural way, and thence diffused through the entire nerve system coming in contact with others of its own kind, that is, causing the sickness, and the two forces being of the same family but of different attenuation, which makes two similar diseases which cannot both occupy the same system at the same time, and must, therefore, mutually eliminate each other by the laws of Homœopathy and leave the natural unobstructed life-force in full control of the nerves to restore and maintain the normal health of the patient.

It is a complete system based on natural laws, thoroughly explained in Hahnemann's Organon of the healing art; it is nature and cannot be changed by theories or for speculation, like the fashions of dress or for convenience, or by a majority of votes. It is always up-to-date, and adapted to finding a curative remedy for any and all cases of sickness. It is a true and exact science.

Observations have confirmed the opinion that dystochia, difficult labor, and other distressing diseases of females, are caused by the habitual use of purgatives for the minor ills of early life, causing chronic constipation, which perverts the functions of the abdominal and pelvic organs and renders them incapable of giving the vital energy that is necessary in the process of parturition; hence, I must deprecate the habit of giving purgatives for all cases of constipation or other ills, when the 200th or 1,000th potency of a well selected remedy will cure the patient, restore the natural functions of the bowels, and not cause any more constipation or any other bad after effects.

Now it is our object to define what relation it has to obstetrics (child bearing), and how it can be utilized in alleviating the suffering and reducing the mortality attending that most important natural and sacred function of woman's life.

It is well known that woman in normal health and good sanitary environments seldom has much suffering or even much inconvenience or discomfort in confinements. Hence, the purpose of a physician's services is to have the patient in perfect health through gestation and parturition, which statistics prove that the dominant medical profession have hitherto failed to do. And they are now by general consent giving the entire obstetrical practice into the hands of the surgeons, declaring that there is nothing known but an operation that can do any good in such cases, without thought, mention or trial of Homœopathy as explained in the Organon. This is unfair to science and Homœopathy, also a great detriment to the future health and comfort of the patients, when the facts are that in epidemic diseases where the treatments have been in direct competition Homœopathy has, every time, reduced the mortality 30 to 60 per cent. below its competitor.

I have not seen comparative statistics in obstetrics, but from observation and actual tests can estimate that it is about 80 per cent. below its competitors, and surgical operations which are generally disastrous to the future health of the patient.

To illustrate: In 1888, Mrs. L., about thirty-two years of age, good size, fine physique, weight about 170 pounds, came to me. She had had much menorrhagia from puberty to 1882, her first confinement. Had three physicians and instrumental delivery followed by continual hæmorrhage with many useless minor operations during

three years. Then an extensive laparotomy removing uterus and ovaries was resorted to; they closed the skin of the incision in the abdomen but not the inner wall or peritoneum, which was a gross neglect, leaving a five inch hernia, and the bleeding continued the same for about three years, when I was consulted. She told me the above history of her case with all the general symptoms from puberty to the present time of our consultation with remarkable clearness.

After a few minutes' thinking and a few turns of the leaves of the repertory, I could see clearly the indicated remedy that fitted her case, and all the symptoms she had had from puberty till she came to me.

She got Hamamelis virg. 200, 8 powders, one in water, a teaspoonful every four hours till better. She returned in a week to tell me that the bleeding had stopped three days previous. Two years ago (twenty-four years later) I had word from her reporting good health, and the bleeding had never returned but the hernia was still there.

How much pain and agony would Mrs. L. have been spared if she had had a few powders of the homœopathic remedy to fit her case many years sooner!

Case 2.—August 13, 1903. Mrs. H., in labor six hours. Presentation natural. Intense pain in the back with but little uterine action. The bones of the inferior strait, which was one inch too small for the head to pass, were rigid, making delivery apparently impossible and a laparotomy operation necessary.

While delaying a few minutes to arrange for competent assistance, watching the patient closely, I discovered symptoms of collapse along with others, as if vitality was fast ebbing away. I at once gave a dose of Kali phosphorica c.m., as I had no other potency. In five minutes she said: "The pain has left my back and come to the front; it don't pain, it only presses down." This increased in intensity for a little over two hours, when the delivery was complete with the head badly out of shape, the cranial bones overlapping from the pressure in passing through the inferior strait, presenting such a sight that the father on seeing it sickened and left the room. The next morning the head was all right by natural process; boy and mother in first class condition, and have been to this date. Now little R. is considered one of the smartest boys in his class and has a well shaped head.

Is it not better to have had this done by one dose of the indicated remedy than to have made a Cæsarean operation? This case illustrates how the immaterial, vito-electric dose when it is the "similar" of the case will remove the obstruction and free the natural life-force, which has power sufficient to overcome great physical obstruction and restore order in a natural way and without the damage liable to be done by surgical interference.

I could write up many such cases. Here is a hopeless case showing what the indicated remedy did.

In 1882, Mrs. H., small and delicate, dying with consumption, asked me to attend her in confinement in about two weeks. The neighbors thought she could not live that long, but I agreed to do the best I could.

I was called at the expected time to come in haste, as she appeared to be dying. I found her propped up in bed gasping for breath with but little covering and but scant underwear, and in a cold perspiration, with a nurse fanning her. Uterine action had stopped with the exception of some pains in the back.

An older lady said: "It is no use, she is passing away." I answered: "It appears so, but I see indications for a remedy that I will try." I gave Carbo vegetabilis 200 at once. In five minutes the breathing changed, and she said, "Stop fanning." In five minutes more she said, "Cover me; my back is easier," and ten minutes later came these words: "There is such a pressure in my womb; take these things away and let me lie down flat." The pressure continued with but little pain for two hours, when a seven and a half pound boy was born naturally and very easily. For three days Mrs. H. did well and gave nurse, but then declined, and in ten days passed away easily and quietly as had been expected sooner.

What is the homœopathic profession doing to teach the people, not only in obstetrics, but in all sickness and surgical cases? In blood poison which often occurs in confinement cases the advantages of Homœopathy are especially great, the convenience in its use and the subsequent good health received by the patient, which, if the people only knew about it, the homœopathic practice would get better pay than the venders of patent medicines or the surgeon. Then why not teach it?

Is there a hospital, dispensary, college or clinic anywhere that treats all cases of obstetrics strictly homœopathically, never uses material medicines, and referring to repertories and the materia medica in selecting the indicated remedy, keeping records of the cases and publishing comparative reports of this and other methods of treatment? What was revealed when an investigation was made in the homœopathic ward in the Cook County Hospital in Chicago in 1903? See the *Medical Advance* of that year and learn the reasons why the people do not demand Hœopathy as taught in the Organon and Chronic Diseases.

By Homœopathy I mean the true Homœopathy which was discovered and taught by Dr. S. C. Hahnemann in his "Organon," "Chronic Diseases" and "Materia Medica Pura," and practiced by him and his loyal students, as he taught it, discarding all mixtures, substitutes and theories, and using only well proved facts.

POST-PARTUM HÆMORRHAGE.*

BY N. H. M'NERNEY, M. D., FREDERICKTOWN, OHIO.

POST-PARTUM hæmorrhage is any hæmorrhage that occurs after the birth of the child.

Classification:

A—First as to time:

(1) Primary, which is within six hours after birth.

(2) Secondary, after six hours.

B—As to type of hæmorrhage:

(1) External.

(2) Concealed or internal.

(3) Hæmorrhage of first, second and third degree.

(1) When flow meets with no restraint is external.

(2) Concealed when cervix is obstructed.

(3) Hæmorrhage of first degree is very slight; found in 10 per cent. of all deliveries. Second degree is one which comes in profuse gushes, does not yield at once to abdominal pressure and has tendency to return. Third degree includes dangerous bleedings, wherein the loss is excessive and the prostration profound.

Causes:

Predisposing or indirect.

Precipitate labor, causing muscular inertia following the exhaustion and that following upon violent exertion. On the other hand in unduly prolonged labor we sometimes get a similar condition. Labor, then, which presents either of these extremes should be regarded as predisposing causes of post-partum hæmorrhage. Hemophilia is an abnormal condition of the circulating fluid, which is commonly known as bleeders, in some cases have a constitutional lack of muscular tone and, both are predisposing causes of post-partum hæmorrhage.

Direct:

(1) Trauma.

(2) Relaxed uterus.

(1) Traumatic form usually due to laceration, especially of the cervix, vaginal vault or clitoris.

(2) Relaxed uterus may be due to retention of secundines or clots over distended uterus as may be brought about by twins, hydramnios, etc., pressure of tumors as fibroids, metritis, exhaustion or from any weakening disease.

Premonitory symptoms: Are of little value, as they are not constant. Woman's history is the most essential.

(1) Profuse menstruation.

(2) Previous bleeding, post-partum or other.

(3) Lack of healthy tone to tissue.

(4) Rapid pulse; this, by some of the best writers, is disregarded as same is not constant, but high arterial tension is to be guarded.

General symptoms:

Hæmorrhage comes soon after placenta extraction, usually forty-five minutes after, sometimes secundines are still undelivered.

The symptoms are with the fundus compressed in hand is felt to lose its outline, becomes filled and will disappear from your grasp, but can easily be outlined through abdominal wall.

The hæmorrhage may start with a steady stream and rapidly grow worse, and, on the other hand, may come in gushes and rapidly reduce the patient. May get a concealed hæmorrhage, but this is easy to tell by the condition of the fundus of the uterus when it is found to be enlarging and relaxed. Internal or concealed hæmorrhage may be due to the obstruction of the cervix or vagina, due to clot or secundines.

Bad blood losses in internal hæmorrhage are usually due to the neglect of knowing just where the fundus is and the condition of same by keeping hand firmly placed on same.

We may have a firmly contracted uterus (cannon ball contraction) and still have hæmorrhage, this is due to laceration along the parturient canal and is of the traumatic type.

With the preceding symptoms have the usual symptoms of hæmorrhage, that is, pallor, cold extremities, feeble, frequent pulse, sighing respiration, dimness of vision and syncope. Later whole body and even breath grows cold and at last death.

As to secondary hæmorrhage, that which occurs after six hours, is usually due to the retention of some portion of membrane or clot.

Placenta seccenturia being present and not delivered when normal portion of placenta is.

Following delivery in some cases secondary hæmorrhage has been found to occur due to extreme fright, joy or anger.

Prognosis:

The immediate prognosis is favorable. Sepsis may follow.

Treatment:

Preventive treatment, few suggestions:

(1) Keep bladder empty.

(2) See that sigmoid flexure and colon have been flushed.

(3) Observe the progress of head through pelvic cavity, thus relieve uterus of all undue strain.

(4) After expulsion of child, watch the fundus of uterus, and never become so skilled that you know other than by keeping your hand on the fundus, not only to close of third stage, but for a time thereafter, and then combine Crede method of placenta delivery, which, of course, every one is familiar, and avoid any traction of cord. Leavitt's Obstetrics, page 570. When in cases I feel as if hæmorrhage is bound to occur I give full dram of Squibbs' Ergot of Rye, by mouth, when the fœtal head lies in the pelvic outlet. Another preventive well to

*Read before the Southeastern Ohio Homœopathic Medical Society, Columbus, Ohio, January 28, 1915.

keep in mind, especially if patient is one who has had previous post-partum hæmorrhage, is the bandaging of the extremities as near to the body is possible.

Treatment of the various degrees of hæmorrhage will be given in three cases, and as they may seem crude to older and more experienced physicians, the same gave me the results and I shall follow them to the end until I am duly convinced of something better.

Case Number One.—First degree hæmorrhage, Mrs. W., called twelve o'clock midnight; primipara; history good; in labor three hours; normal delivery; normal placental delivery; Crede method. Hæmorrhage began, continued for probably a minute to three minutes, when by keeping fundal passage and giving several doses of Belladonna same stopped. This I followed with Arnica 3x, ten dops in a half glass of water, teaspoonful every two hours, which I find relieves soreness.

Case Number Two.—Second degree hæmorrhage, Mrs. R. S., called two o'clock A. M.; primipara; in labor three and one-half hours; normal delivery; placenta delivery; Crede's method; hand on fundus; hæmorrhage began. I at once recognized it being one more severe than one of the first degree, and compressed the fundus and at once entered the vaginal tract with first two fingers, compressed the cervix, and between the two I compressed the whole uterus. The clots I managed to clean out, but still had some slight hæmorrhage. I asked the husband to give one of the hypodermics I had filled previous to delivery, with ten drops Squibbs' Ergot of Rye, deep into the muscles of the thigh; in a few minutes uterine contractions were again set up much stronger than before and hæmorrhage stopped. I followed this with Caulophyllum 2x, ten drops in a half glass of water, teaspoonful every two hours, which seems to aid nature in the more rapid expulsion of the clots.

Case Number Three.—Third degree hæmorrhage, Mrs. B., my first case of post-partum hæmorrhage and naturally one of third degree to start with; called at six o'clock P. M., but unable to reach patient until nine o'clock P. M., owing to being on another confinement case. I had also used all my pituritin on the first case, and was unable to aid labor only by giving tincture of Gelsemium, ten drops in a half glass of water, a teaspoonful every five minutes. This increases dilatation and severity of pains, and in a short time child was normally delivered. Mother in labor five hours. Placenta delivery by Crede's method, and this was immediately followed by a gush of blood and this by another gush, etc. Having hold of fundus I felt it lose its outline and firmness.

At once I compressed the uterus between my hands by passing one hand through vaginal canal to cervix and kept other hand on fundus. I was unable to control same at once, and while I was trying to do this the husband gave ten drops of Squibbs' Ergot of Rye intra-muscularly and raised foot of bed six inches. I could not withdraw my hand from cervix without repeated gushes. I tried to get clots out best I could. I finally ordered hot uterine douche, hot water, one hundred and twenty to one hundred and twenty-two degrees, to wash out clots. Ice packs were placed to abdominal wall as near to fundus as possible. I continually kept my hand cold by means of cold water. After having washed uterus for the second time applied child to the breast. The uterus then began to take a more firm condition and the hæmorrhage at once stopped to leave me a patient who was almost exhausted and showing the usual signs of hæmorrhage. I next gave her a normal saline solution by clysis; this helps to make good the watery element of the blood. I watched patient for about an hour and no return of hæmorrhage was seen, and she claimed she felt better, but was weak. I at once began the administration of Caulophyllum 2x, ten drops in a half glass of water, teaspoonful every two hours. This gives tone to the uterus and thereby overcoming the chances for secondary hæmorrhage. The next day she complained of very little hæmorrhage, and had no return of the hæmorrhage no sepsis followed, but this I believe was due to the care, as everything was as aseptic as I could mae it. The syringe which I used for giving intra-uterine douche was new and had also been boiled twenty minutes. I do not use any intra-uterine astringent other than hot water and not then until last resources. Some authors advocate the use of perchloride of iron, alum, etc., but embolus is liable to form by the use of these astringents, and most of the later authors are condemning them.

Now to sum up the treatment:

A—Preventive Treatment:

(1) Observe the rules for the conduct of normal labor.

(2) Have two hypodermics, one to contain 1 cc. Pituitrin, second ten drops of Ergot (Squibbs). If labor is too prolonged give 1 cc. Pituitrin deep intra-muscular, repeat in one hour.

Leavitt advocates the use of Ergot during the second stage, when post-partum hæmorrhage is threatened. This is condemned by the best writers on account of causing cervical contraction before end of the third stage and thereby hindering the normal placental delivery. I have never used Ergot before the end of the third stage. Do not remove placenta too soon. Use Crede's method to remove placenta.

Curative Treatment (General):

(1) Avoid confusion.

(2) Lower the head by raising the foot of the bed.

Hæmorrhage of the first degree:,

(1) Fundal massage.

(2) Do not use too strong methods.
(3) Give indicated remedy.
(4) If tear is found suture same.

Hæmorrhage of the second degree:

(1) Compress and empty uterus.
(2) Cold applications.
(3) Hot intra-uterine douche.
(4) Intra-muscular injection of Ergot.
(5) Give indicated remedy.

Hæmorrhage of third degree:

(1) Compress and empty uterus same as second degree hæmorrhage.
(2) Intra-muscular injection of Ergot; if this fails to act give intra-muscular injection of 1 cc. Pituitrin.
(3) Cold applications, use ice if necessary.
(4) Hot intra-uterine douche.
(5) If you are where you can get electric current use the same.
(6) Aortic compression.
(7) If you can find time to give indicated remedy do so, but it is dangerous to try to make choice at this critical moment, as one may be mistaken in same, and it is more dangerous to leave patient long enough to give same.

In writing this paper I have referred occasionally to Leavitt's, Hirst's, Edgar, American Text Book of Obstetrics and Inglis' Obstetrics in Abstract.

OBSERVATIONS ON 1,500 ARTIFICIALLY FED INFANTS.

BY REUEL A. BENSON, M. D., NEW YORK CITY, N. Y.

IN the past five years the Babies' Dairies have had under observation and treatment over fifteen hundred artificially fed infants. These have been the bad cases that occur in the poor districts of New York. They have all been under one year of age, and for the most part suffering from nutritive disorders of one sort or another. They have included such conditions as tuberculosis, rachitis, syphilis, scurvy, gastritis and enteritis and infantile atrophy.

In order that you may understand the significance of our results it may not be amiss to say a few words of the workings of these dairies, at present three in number. Each one is under the supervision of a physician, milk formulas are prepared by a trained nurse in daily attendance, and this milk is dispensed to each mother in small portable ice-boxes, as many bottles as are necessary for twenty-four hours. Once a week all babies are weighed and examined by a physician and the food is regulated. No medicine of any kind is dispensed. An effort is made to regulate the home surroundings inasmuch as the baby is concerned. That is, the visiting nurse goes to the home at regular intervals and does what she can to improve the conditions as they apply to the baby.

During the time that these stations have been in operation the death rate has been 4 per cent., a figure which is considerably less than the normal death rate of all infants in New York City, and very much less than the estimated 33 per cent. of deaths among artificially fed infants.

During the time that these stations have been in operation we have tried to make them experiment stations in infant feeding rather than simply centers for the distribution of clean milk. They are, moreover, the only feeding stations in Manhattan especially for sick infants.

We felt that there were very many important problems in connection with infant feeding that needed study, and in a small way we felt that we might throw a little light upon these problems by making accurate observations on a large number of cases. We have a large mass of material which has not yet been properly tabulated, and the present paper is only to mention in a general way some of the more striking facts which have been observed.

BREAST FEEDING.

We have not found any appreciable number of mothers who are unwilling to nurse their babies. Studying a series of six hundred cases we find that 9 per cent. stopped nursing because it was necessary for the mother to work. Fourteen per cent. discontinued the breast because of the mother's illness, and about 77 per cent. of the mothers found that they had insufficient supply of breast milk. Practically all of this last class had milk at first but lost it partially or wholly because of overwork or insufficient feeding or both.

When we were able to get these mothers before the baby was entirely weaned we have been able to re-establish the milk by properly feeding the mother or by partially feeding the baby. As a result of our observations we feel that at least fifty per cent. of the babies that are at present artificially fed might have been breast fed if only the mothers had been properly supervised during the early weeks of lactation.

For example, at our 65th street dairy we have had under our care a patient with a history of three children all of whom died during the first year of life from marasmus, so-called. The fourth child was brought to the dairy at the age of two months in an extremely emaciated condition, was fed there for the first year of its life, gained steadily, and is now a healthy child. When baby number five arrived, however, a nurse was sent to the house at once with instructions to study the whole situation and spare neither time nor money in an effort to conserve the mother's breast milk. The result was that this mother was able to nurse her baby successfully during the first year of life and the total cost to the dairy was considerably less than it would have been had we undertaken to feed the child artificially.

Our belief as a result of many similar cases is that the majority of women would be able to feed their babies on breast milk if as much energy

were expended on them as is now expended on feeding the infant artificially.

ARTIFICIAL FEEDING.

In the majority of cases, however, the harm was done before they were brought to the station. Usually various proprietary foods had been tried and sickness or loss of weight having resulted the infant was brought to the station. Such cases we have found require careful individual attention and supervision.

The physician who would treat such cases must use all the resources at his command. He cannot rely on any one set of formulas or on any one method of feeding. He must have a reasonably clean milk supply but this alone will not save his babies' lives. Neither pasteurized milk nor certified milk will take the place of the knowledge of the principles of infant feeding.

We have used the highest quality of milk we have in New York, that is, certified milk, selling for fifteen cents a quart; we have used pasteurized milk and we have used Grade A raw milk, and except for the fact that pasteurized milk of commerce is the cause of much constipation we have been unable to see any difference in the practical results.

Speaking in a general way, we have found what I may call the medium top-milk method the most practical. That is, for the majority of babies formulas made from 7 per cent. top milk seem to be most effective. Some cases have been fed on whole milk formulas and some cases have required higher fat percentages, that is, the ten per cent. top milk method of feeding.

But we believe that it is impractical to stick to any one of these methods exclusively. In our bad cases, cases that a few years ago were called marasmus, we have found that peptonization has been of the very greatest value.

Babies whose digestive organs are seriously impaired, whose normal digestive capacity is reduced to the minimum, must be kept alive and nourished until they have regained a certain amount of strength and vitality, and so far we have found no means of doing this except by the complete peptonization of the properly prepared formula. I would lay special stress upon this last point, that is, that the baby must have the correct formula peptonized rather than whole milk peptonized which is the method most commonly used.

ENTERITIS.

Simple cases of enteritis have been treated by the use of cereal gruels, especially barley gruel, either for twenty-four or forty-eight hours, followed by weak milk formulas. This method is perfectly satisfactory in cases that are seen early, where there are only four or five stools a day and where there is no evidence of marked prostration. The severe cases, however, may be treated by the use of the Casein milk of Finkelstein, a solution of the finely divided curds of milk with malt sugar. This latter method will sustain the strength of the infant and there will be scarcely any loss of weight.

In all of our artificially fed infants we have used Dextri-Maltose in preference to milk sugar or any of the other sugars. Infants gain more rapidly and digest more easily this form of sugar than any other in our experience. We have discarded entirely the use of lime water. In the beginning we were sufficiently impressed with medical tradition to feel that it would be proper to use lime water in some of our cases if we felt it necessary. As a matter of fact, however, in all these fifteen hundred cases we have never found it necessary to use an antacid of any kind.

One of the most surprising facts in our work has been the ease with which babies have been fed on full milk provided they have been gradually brought up to it by means of formulas. We have not found it necessary to keep babies on formulas until they are nine months old. We feel that after three or four months of artificial feeding a baby's digestive range is so increased that full milk is permissible.

Many babies have been able to take full milk at the age of four months without any difficulty at all. Here as in all questions of infant feeding it is not a question of age or weight but it is a question of the infant's normal digestive capacity, and we feel that the most important part of infant feeding is to develop this digestive capacity as rapidly as possible.

In all of our series of fifteen hundred cases we have only met four cases of infantile scurvy. This has been rather surprising, and we feel that the proportion would have been much higher a few years ago. It speaks well for the educational work which has been carried on in the past few years, and it is my belief that scurvy will become in the future an extremely rare disorder. Such cases as we have seen have been very mild, and have been readily cured in a few days by the administration of orange juice and the feeding of raw milk.

The same, however, cannot be said of rickets, and we are more and more impressed with the fact that the cause of this disease has not yet been fathomed. Many cases have been seen, some cases have developed in babies that we have not fed from the beginning, and not infrequently we have seen the disease develop in breast fed infants. We feel that as far as its prevention is concerned we are at present almost helpless.

Another condition which has been met with very frequently is the so-called exudative diathesis, the infantile eczema with which every one is familiar. Some of these cases have been cured in a short time by the administration of a fat, sugar free and starch free diet or by the reduction of these elements in the food. But a

smaller percentage of the cases do not respond to this method of treatment, and we are convinced that a more careful classification of these cases will show a variety of causes.

Another baffling condition is that of ammoniacal urine, the fat acidosis of the text books, a condition which should be cured theoretically by the feeding of fat free milk. We have encountered the condition frequently in poorly nourished infants, but we have not been able to cure it by eliminating the fats nor by any other dietetic treatment which we have been able to devise.

In spite of failures and discouragement our work has been distinctly hopeful. In 1908 infant feeding stations were considered an experiment; now they are an important part of the campaign against infant mortality. In the beginning we received only bad cases, while now mothers have been educated to bring their babies to a physician before wasting begins.

I do not know how much the proprietary food interests have suffered, but I do know that many thousands of mothers now realize that properly modified cow's milk is the next best thing to breast milk. From the standpoint, then, of the education of the public and the improvement of the milk supply we have made progress. But I fear that in accomplishing this we have neglected a still more important factor, that is, the necessity for a more careful study of infant feeding problems.

When the general public realizes that it requires the same degree of medical skill to feed an infant that it requires to treat a case of typhoid fever, then, and then only, shall we be able to fight a successful battle against infant mortality.

8 West 49th Street, New York City.

ADVANTAGES OF HOMŒOPATHY IN THE SURGICAL FIELD.

BY WILLIAM A. BOIES, M. D., KNOXVILLE, TENN.

I HAVE been impressed this past year more than ever before by the great advantage the homœopathic surgeon has over the surgeon who practices Allopathy. The work of the surgeon is not limited by any manner of means to the mechanical measures he brings to bear, but how *much* we can accomplish by supplementing the knife with the indicated homœopathic remedy. There may be some dyscrasia. There may be some under current which will greatly handicap the results of the operation. While viewing the work of some of the prominent allopathic surgeons this past summer, I was startled by the fact that so little attention was paid to the medical side of the situation. You cannot remove a psora with the knife. You cannot cut out a rheumatic tendency. You cannot excise a tubercular diathesis; but we all know how much we can accomplish with our Calcarea, Phosphorus, Sulphur, Lycopodium and many other remedies too numerous to mention. Is the work of the surgeon supposed to stop when he closes the wound? It is a deplorable fact that right at this point is where the work of many of our well known surgeons does stop. The operation was brilliant. The technique perfect. Everything in the operating room was such as would be conducive to a faultless operation. The patient is taken to his room, where the gentle hand of the nurse in charge does everything in her power to make his convalescence speedy and untrammeled. Before long the patient complains of soreness and discomfort. In a day or so there may be anxiety and restlessness, sharp sticking pains; possibly in spite of apparently faultless technique there may be sepsis. What Aconite, Bryonia, Belladonna, Arnica, Arsenicum, Echinacea and other remedies of this nature will accomplish none but the Homœopath knows. How many times I have seen these symptoms fade away like mist before the sun under the influence of the indicated homœopathic remedy. There are some cases where conditions seem to be improved by a small post-operative dose of some opiate, but many cases, with a little tactful influence from the nurse, will pass through the trying hours after a severe operation with no opiate and those hours will be made much more comfortable by the administration of the well chosen homœopathic remedy. This is not mere theoretical foam, but stern facts that have been tried out time and time again.

The patient leaves the hospital after a week or two. The mechanical part of the operation was successful apparently; but for some reason he or she does not seem to be doing well. There is something going on in that delicate body which is a little out of tune with nature. There is a discord somewhere. Well! He gets a dose of serum, not with any positive knowledge that it is going to do him any good; but it has helped in some cases and this case seems very much like the other case in which it was used and so he gets the advantage of the doubt. My dear allopathic brother, you are doing all you can with the remedies in your hands for your patient; but if you did but know what wonderfully potent means you are missing by not having a knowledge of Homœopathy. You do not seem to realize that what is meat to one case is poison to another and that where your serum may apparently benefit one case it may disastrously break down the delicate barrier which nature has reared in the other case to fortify the system against disease. Just as long as people differ in constitution and idiosyncrasies just so long will medicine fail to affect every one alike and hence the importance of individualizing the treatment and nowhere in the domain of medicine do we find individualization carried out more perfectly and more potently than in Homœopathy.

SNAKE BITES.

BY A. E. HINSDALE, M. D., COLUMBUS, OHIO.

THE following is a condensation from R. L. Ditmar's pamphlet, "Poisonous Snakes of the United States." How to distinguish them.

POISONOUS REPTILES OF THE UNITED STATES.

Compared with the number of species of harmless snakes, the poisonous species of harmless snakes, the poisonous species are much in the minority, yet it should be understood that the United States is wonderfully rich in reptile life. One hundred and eleven species of snakes are found in this country; of this number 17 are poisonous. Besides there are 97 species of lizards; but of the latter only a single species is venomous, and this is the Gila Monster of the southwest. Practically every portion of the United States is inhabied by poisonous snakes. The majority of the species are found in the southern latitudes, though the few northern species are so abundant that venomous snakes are actually more common in some sections of Pennsylvania and New York than in the south. Despite the general occurrence of dangerous reptiles in this country, accidents to man are rarely recorded. This may seem remarkable in the face of an explanation that there are over 20,000 deaths annually in India from the bites of serpents, but it should be realized that in India a large part of the population goes about bare-legged, while the poisonous snakes prowl into the immediate domains of man—even into the gardens and under houses.

THE POISON APPARATUS.

The crotaline snakes, the rattlesnakes, copperhead and the moccasin may be easily told. Before dealing with their characters let us understand what kind of apparatus figures in the formidable injuries they inflict, sometimes causing death with man in a few hours, and more rarely within few minutes' time.

These snakes do not sting. The injury they inflict is a bite, dealt with a pair of hollow teeth on the upper jaw. These teeth have an opening at their tip for the ejection of venom. They are like hypodermic needles, and mankind has, in fact, copied the structure of the serpent's fangs in manufacturing that invaluable instrument of medical surgery.

Each fang connects with a gland behind the eye, and this secrets a poison which Nature has intended to be used in purposes of killing the prey—incidentally for self defense. When the mouth is closed the fangs fold back against the upper jaw.

Thus we may understand the venom apparatus. It is in no way connected with the forked tongue. That organ is used solely for the purpose of feeling, hence it is not a sting.

ERRONEOUS THEORIES CONCERNING POISONOUS SNAKES.

It is quite wrong to imagine a poisonous snake springs at an enemy. It never jumps from the ground and seldom strikes more than a third its length. Poisonous snakes never chase an enemy. Their attitude toward man is merely one of self defense.

It is not necessary for a rattlesnake to coil before striking. It can strike from a crawling position, provided the neck can be doubled into an S shaped loop to lurch the head forward.

It is impossible to render a venomous snake permanently harmless by extracting the fangs, as a number of auxiliary fangs are ready to take the place of the functional pair within a couple of weeks.

TREATMENT OF SNAKE BITES.

What to carry in the field: Every field naturalist and prospector venturing into regions known to be the lurking places of venomous snakes should carry certain articles to be used in case of accident. These are comparatively simple. Following is a list of them: A hypodermic syringe, a rubber ligature, several sharp scalpels (or a razor), a jar of antiseptic gauze, material for bandages, a jar of permanganate of potash, several tubes of antitoxin, some strichnine tablets, a flask of whiskey.

The entire outfit can be carried in the capacious pockets of an ordinary khaki shooting jacket, if necessary. The writer speaks from experience.

What to do if bitten: Invariably the injury is upon some part of the arm or leg. Everything depends upon the promptitude in performing the first two precautions.

1st. Apply the ligature a short distance above the bite. Thus the ligature should be carried in a pocket that is immediately available, without a second's loss in a fumble.

2d. Enlarge the punctures by cutting into them, at least as deep as they are. Make two cuts over each, these cuts crossing one another. This cutting starts a flow of the poisoned blood, which should be accelerated in every way possible. It is not dangerous to suck the blood away, providing there are no cuts or fresh abrasions in the mouth or in the lips. In this way much venom may be drawn from the wounds. If a stream is nearby wash the wounds thoroughly, then bathe them repeatedly in a solution composed of permanganate of potash crystals in water to produce a deep wine color.

If no doctor is nearby, the antitoxin should be injected by means of the hypodermic syringe in some part of the body where it will gain the general circulation—preferably under the skin of the abdomen. In a succeeding paragraph it will be explained where this product may be obtained.

If constitutional symptoms develop—weakness and giddiness, a hypoderimc injection of

strychnine must be administered. As a stimulant, taken in very moderate quantities, brandy is invaluable.

After the wounds have been thoroughly bled and washed with the permanganate the ligature may be removed, but not until every measure has been employed to draw the venom from the bitten part; these measures including suction and massage.

At this stage there is but one thing to do if that is possible. Journey to the nearest doctor of repute, for grave symptoms, beyond the power of any but a medical man to combat, may possibly develop.

If a doctor is out of the question, keep your head. You will need to think, and with great care. Take a cathartic. Keep the wounds absolutely clean and remember that tissue that has been weakened by snake poison is peculiarly susceptible to common blood poisoning. Pack small bits of gauze into the wounds to keep them open and draining, then dress over them with gauze saturated with any good antiseptic solution. Keep the dressing saturated and the wounds open for at least a week, no matter how favorable may be the symptoms.

The writer has talked with many men of good, practical reasoning powers who have been bitten by snakes and entirely recovered while miles from civilization. They have employed methods similar to those described.

Before leaving the town behind you consult a good doctor. Learn how to properly use a hypodermic syringe and the amount of strychnine your system will endure.

The antitoxin, technically known as antivenine, is a foreign product and apparently the best of the so-called antidotes for snake bite, as it is manufactured and does its work along lines well understood and practical. It may be obtained from the agencies of the Pasteur Institute, one of which is situated in New York City.

Once again let the writer advise the sufferer: Keep your head. Do not give way to despondency. There is every reason why a healthy man should recover, and quickly, too, from a bite from any of the greater number of venomous snakes in the United States. But the proper means to save life should be executed promptly and systematically.

Iodine.

This remedy is indicated in a case of pneumonia wherever there is a rapid extension of the consolidated area. The fever is high and frequently the appearance of the crisis is coincident with the prescription of the remedy. Also, whenever a lobular pneumonia runs into the lobar type, Iodine is very apt to be the remedy.

VACCINE THERAPY.

BY W. D. THOMAS, M. D., BALTIMORE, MD.

THE object of this paper is not to give a technical survey of the vaccine treatment of disease, but to present to you the subject of vaccine therapy in a practical manner.

We should not expect from vaccine any more of a specific action that we do from other methods of treatment. The indicated remedy does not always cure the disease for which it is prescribed; neither does vaccine. No depreciation of the carefully selected drug is intended by this statement, for we all have many instances to report where the indicated remedy has won many laurels. The same can be said of vaccine. Like cures like, and the law thus applied to the homœopathic treatment surely applies to the properly selected vaccine. We do not look for Gelsemium to cure when Belladonna is the drug called for; neither do we expect favorable results in a pus case of pneumococcus infection by the administration of streptococcus vaccine. The selection of a vaccine is, therefore, just as important as the selection of the indicated remedy. The proper antibodies must be formed by the introduction into the system of the right vaccine with just as much exactness as we expect a proper dynamic action by the administration of the properly selected remedy.

Before determining the required vaccine in a given case of infection, it is absolutely necessary that a culture be made of the discharge and a determination arrived at as to just what bacteria are most active. At times but one germ is the cause, at others several are pathogenically at work to produce the symptoms portrayed by the patient. Laboratory findings show that when a number of bacteria are injected at one time specific ferments or antibodies or ferments are formed for each variety injected, proving that the body is able to combat different bacteria at one time. There is no question but what an autogenous vaccine is better than the stock preparation, and for this reason I have employed whenever possible vaccines made from the discharge from the patient. But at times this is not at all practicable. The question naturally arises, are we to use stock or autogenous vaccines. Wright says: "In reality the fact that a stock vaccine will often seem to do everything that an autogenous vaccine is capable of doing does not afford legitimate ground for surprise. The immunity which is conferred by prophylactic inoculations is, all of it, immunity which must be set down to the account of stock vaccines. And the science of bacteriology would not deserve to rank as a science were it not able to certify us that a microbe derived from a patient was fundamentally the same as the microbe derived from another."

But there exists some finer difference in strain which makes autogenous vaccine preferable to stock vaccine. Any one at all familiar with

bacteriology and who has had some laboratory experience knows that the same bacteria differ in different specimens. Streptococcus may be found with characteristics fully developed in shape and size, or these same characteristics may be less defined. Tubercle bacilli may be plump or slender, long or short, virulent or less virulent. And the same applies to other organisms. We can, therefore, assume that such differences must necessarily reflect themselves in a vaccine made from them. Recently, however, the stock vaccines are not made from one strain but from several, and when such vaccine is employed the aspect of the question is somewhat changed. Notwithstanding, I am of the opinion that the organism found in the discharge is the one from which a vaccine should be made whenever possible.

In the administration of vaccines representing known infections due precautions must be had in the regulation of the dose to prevent reactions. Such reactions may be local, focal or general. A brief description of these reactions may be pertinent. In local reaction a diffused redness at the site of injection is to be seen, at times involving previous points of injection, together with soreness and even pain on pressure.

Focal reaction are characterized by hyperæmia in the diseased parts, whether these be the lungs, larynx, lymphatic glands or kidneys. In the lungs there may be increased cough with freer expectoration, in the larynx hyperæmia and turgescence, with increased soreness on swallowing; in enlarged glands become tender and swollen, and in tubercular kidney soreness is elicited on deep pressure. Fever may or not be present.

General reactions are shown by more or less lassitude and aching of the limbs, loss of appetite, sleeplessness, nervousness, irritability or depression, and in tuberculous patients an increase of the cough and expectoration.

The reactions just described, while more often observed in tuberculous patients, may occur, with certain variations, in other pathological where vaccine is given, provided the vaccine represents the bacillus causing the infection. Such reactions while not desired produce no serious results, as a rule, and leave the patient with a sense of well being. Tuberculous persons should have small doses (1/10,000 mil.) every second or third day for the first three or four injections, rapidly increased thereafter until slight symptoms of reaction occur. In infections other than tuberculosis from 25,000,000 to 50,000,000 dead bacteria are to be injected, increased as the urgency of the case demands. Tuberculous patients with high temperatures are not fit subjects for tuberculin, for they have enough to take care of with the symptoms of general infection, and even if tuberculin met the requirements of the case by reducing the tuberculous process they will die from the ravages already produced by the inroads of the disease.

INJURY TO THE ELBOW.*

BY CLAUDE A. BURRETT, M. D., COLLEGE OF HOMŒOPATHIC MEDICINE, OHIO STATE UNIVERSITY.

MR. PRESIDENT and Members of the Southeastern: The topic of "Injuries to the Elbow" suggested itself at this time because of a case which has been recently treated in the clinic of the University Hospital. The history is as follows:

Mr. McCombs, a student in Ohio State University, fell on the gymnasium floor striking on his hand and elbow. First aid was given to him by Dr. Wingert, professor of physical education of the university. The elbow was dislocated backward. The dislocation was immediately reduced. Patient was sent to the hospital about four hours after the accident. Upon examination the joint was found to be badly swollen. Motion of the joint was normal except an inability to completely extend the arm; there being a slight flexion. Patient could completely flex the arm, put the hand on the top of the head or opposite shoulder. On manipulation, there was marked soreness on the point of the elbow. Crepitus could not be elicited. Owing to the swelling of the joint, it was difficult to make sure of the relation between the condyle of the humerus and the olecranon, but there did not seem to be marked deformity. (You will remember there had been backward dislocation which had been reduced.)

The first impulse after such an examination and with the findings was to treat the case as a dislocation of the elbow. Upon second thought an X-ray examination was decided upon. The skyograph revealed a fracture of the olecranon with marked separation and displacement of the distal fragment toward the ulnar side of the joint. A condition which would have resulted in a stiff joint if not recognized and treated accordingly.

A temporary dressing was made with an anterior splint from the axilla to beyond the finger tips with the arm in forced extension. An effort was made to mould the olecranon into place. A second X-ray showed that the apposition was very imperfect.

It was then decided to treat the fracture by the open method. After every possible precaution in the preparation, a transverse elliptical incision was made over the olecranon; the concavity of the incision directed upward. The bone was carefully exposed, taking precaution not to disturb the joint, nor manipulate the tissues except with instruments. A displacement of three-fourths of an inch was found. The tissues were distended with blood clots, which were thoroughly removed with normal salt solu-

*Read before the Southeastern Ohio Homœopathic Medical Society, Columbus, Ohio, January 28, 1915.

tion. The fractured bone was brought into position and secured with heavy kangaroo tendon, care being taken to place the drill holes obliquely through the edge of the bone such that the joint would not be injured. The incision was closed with plain catgut for the subcutaneous tissues and silkworm gut for the skin apposition sutures. Strands of silkworm gut were used as drainage to care for the serum in the greatly swollen tissues.

The arm was dressed in a one-third flexed position and held in place with a plaster of Paris anterior moulded splint. In three days a window was cut over the incision and the wound dressed. In seven days the whole dressing was removed; the arm massaged and the splint replaced; the incision having healed by first intention. On the tenth day the dressing was removed and passive motion commenced. Thereafter from two to three times a week massage and passive motion has been the treatment. The result in five weeks is fully 75 per cent. return to normal function and every reason to expect a complete return to the normal.

It is not to be understood that under all conditions fracture of the olecranon should be treated by the open method, for conditions may not always warrant such a procedure. It must be remembered, however, that without such treatment a large percentage of cases will have a partial if not complete ankylosis of the joint. We have found a portable X-ray outfit convenient for fracture work of the extremities. Where the current is available the skyagraph can be made in the home very conveniently.

Modern aseptic methods have rendered operations involving joints much more safe than formerly, but it must be remembered that the greatest care is necessary in order to avoid infection of an open joint.

The suture material for fracture of the olecranon must be selected to suit the individual case. If apposition can be readily secured the kangaroo tendon is desirable because it is not liable to produce irritation. It requires from sixty to seventy days before absorption takes place, which is ample time for bone union to take place. Silver wire is perhaps more frequently used and has the advantage of strength and will not absorb. It may produce irritation and necessitate removal particularly so close to the surface as the elbow joint. The Lane plate will rarely find a place in this fracture unless the break is some distance from the end of the olecranon.

The causes which contribute to stiffness of the joint in these cases are contracted muscles which become fibrous from long immobilization; fascia and ligaments about the joint become shortened; the capsule shrinking and thickening; the cartilage becoming fibrous and the joint partly obliterated from blood extravasating into the joint with formation of fibrous tissue; from inflammatory exudate and from an excess of callus.

The advantage of the open method are that early passive motion is possible, with the consequent lessening of the time of immobilization. This lessens the danger of a contracted muscle and shortening of the ligaments about the joints. The perfect apposition of the fragments of bone prevents extravasation of blood and removes the clots that have been deposited. A close approximation of the bone by suture also lessens the deposit of callus in the joint which would have a tendency to restrict motion. The free broken end of the olecranon is usually separated and displaced, and cannot be held in apposition by splints alone.

The same reasons may be given for the treatment of fracture of the condyles of the humerus, which may involve the joint. The same dangers of partial or complete ankylosis exist. An excellent method of securely holding the fractured condyll in place is by nailinf. A wire nail, of suitable length, is selected and driven through the fractured condyle into the opposite condyle or shaft. Such treatment secures less deformity and better function of the joint.

A MEDICAL WOLFF BUREAU.

BY JOHN H. CLARKE, M. D., LONDON, ENGLAND.

AS Germany lays claim to the invention of the printing press, perhaps it is on this account that the German Government considers itself entitled to do with it what it likes. Be that as it may, there can be no denying the fact that to Bismarck and the German Government must be given the credit of having, in the cant phraseology of the day, "reduced the manipulation of the press to a science." Whatever the German Government wishes the German people to believe, the Wolff Bureau has only to issue its flimsies to the German press and the thing is done! The German people have in their press the same touching confidence that the small child had in his mother. "If mother says it is, it is," said the dear innocent, and immediately added, "and if it *isn't*, and mother *says* it is, it *is*." There you have Germany and the Wolff Bureau in a nutshell; and Bismarck, who must have learned from Benjamin Franklin or Artemus Ward, or some other authority, all about the press being the Archimedean lever which moves the world, and the leading article being mightier than the Dreadnought, was smart enough to take full advantage of the long pull.

Whether the confidence of the German people in the utterances of mother Wolff will survive the results of this titanic conflict remains to be seen; but there can be no harm in our taking a look round and asking ourselves, Is the monopoly of this kind of thing confined to Germany? I think Homœopaths will be fain to admit that it is not. If we English cannot lay claim to any-

thing of the kind on quite the Bismarcken scale of the Wolff Bureau, we have seen something hardly less effective within its sphere of operations in the orthodox medical press of our blessed land of liberty. What would have been the condition of medical science in Great Britain today if the *Lancet*, the *British Medical Journal*, et cetera, had not, year in and year out, explicity or implicitly, consistently lied about Homœopathy and imposed their lies not merely on their professional readers, but on the public and the public press, who mistake all their utterances for "science?" And how successful they have been we have only to talk two minutes to the man in the street to find out. It is probable that 95 per cent. of the general public believe that Homœopaths are not properly qualified persons, and four-fifths of the remainder believe that Homœopathy is as extinct as the dodo.

Is this great upheaval with its awful toll of human sacrifice going to deliver the world from the dominion of the Lie in politics, in science, in medicine and in all the other departments of human life? This also remains to be seen. If it does not, the world will be no better off than it was at the beginning. Certain it is, it will not rid the world of the liars. The lie that has bound the medical Art for over a hundred years may strangle it still for the centuries to come. The talkers in our senate-house, whom we pay thousands of pounds a year to tell us the lie official, will still talk and still lie, so long as we pay them to do it. Happily the crisis has swept one corner of our Government free from the talkers and put in the man of action. May the presence of Kitchener at the War Office prove to be a happy omen for the future! In the general shake up of values that is bound to follow the armed conflict, may our own particular Wolff Bureaus—medical, political and other—shrink into their proper insignificance; and may the easy-going, comfort-loving, intellectual-lazy man in the street refuse to be spoon-fed any longer with any kind of mendacious soothing syrup the interested official organs choose to ladle into him. For our Wolff Bureaus must not be saddled with the whole of the blame; their dupes have their own stupidity to thank for at least one-half of it, if they persist in shutting their eyes and open their mouths to take in the treachy dose.

The life and death struggle of the great American Civil War bore fruit for the whole world in the assertion of the idea of individual freedom. The claim of one man to hold another man's body in slavery was finally shattered in that sruggle. The slavery of the mind is a far more subtle thing. It is against the slavery of the Lie that the world is now in arms. Will America throw all her moral weight into the scale to help to make the victory of Truth and Justice complete—in Medicine, in Politics, in National and International life?

CLEFT PALATE AND HARE LIP.

BY DEAN T. SMITH, M. D., DAYTONA, FLA.

THAT the treatment of these congenital deformities is surgical even the faith healers admit. How and when the operations should be done are questions still under discussion.

The cases of simple hare lip or cleft of the soft palate will present no special difficulties. Any point of treatment that differs from the ideas and methods of others will appear as we discuss complete cleft of lip, alveolar process, hard and soft palate.

It has happened that I have had no very young child with cleft palate to treat. Children were seldom brought to our clinic in Ann Arbor until they were too old to be treated by the Brophy method, approximating the separate maxillæ by forcing them together and holding them with strong silver wire. The method never appealed to me strongly, but having had no experience with it, will not discuss it.

I believe young children stand anæsthesia better than the teaching of our surgeries indicate. I am not alone in this opinion. I have been operating earlier and earlier on these cases. Owen makes a similar statement. I prefer operating before the molars are erupted. Some orthodontists make argument the teeth should be kept in normal position so as to preserve the normal contour of the face. It is even advocated that operation should be deferred on this account until the desiduous incisors are erupted. To me this is a theoretical proposition that should be considered secondary to getting the clefts closed. If we were all built with the same contour of face, the importance of a little variation because of a misplaced or absent tooth would be more important. In bad clefts I have made the lateral incisions at the apex of the alveolar ridge in order to get flap enough to fill the gap. I know that this might disturb the teeth, but have never seen any bad results.

Much of the teaching would lead to the impression that an operation made any time before "articulate speech" would be early enough. I can believe that the child, in the noises and efforts it makes at talking, is developing the muscles that will be used in "articulate speech" long before it uses words that can be understood. The earlier the operation can be made the better for the speech.

I shall not give all the details of the operation we use, but touch on the points in which operators are not agreed. The margin is pared well forward to the alveolar ridge. The lateral incisions are made so as to get as generous a flap as practical. The periosteum is raised with the soft tissues and separated from the bone at the edge of the cleft and posterior margin of the palate bone.

In closing the soft parts one to three mattress

sutures are passed well back from the edges of the cleft. When these are tied they relieve all tension on the marginal sutures. Besides, they tend to roll up the edges so as to give broader denuded surfaces for coaptation. I use silk worm gut for all sutures excepting those in the uvula. There I use silk or linen.

If the cleft is narrow through the alveolar portion of the bone so that the premaxilla is but little displaced, the repaired lip will crowd it back into place. There is a spot just back of the alveolar portion of bone that is difficult, and that I have sometimes been unable to close. With few exceptions, this hole has closed in a short time through the development of the premaxilla and the soft tissues about.

If the cleft is wide and the premaxilla is firmly united, I have usually cut through the alveolar portion with bone-shears at the junction of the premaxilla and the maxilla, so the premaxilla could be forced into the midline and close the cleft.

The mattress suture, the making of the lateral incisions so as to include the mucous membrane of the alveolar crest, and the partial separation of the premaxilla are points that I do not remember having seen discussed by other operators.

There are two points regarding the repair of hare lip that I wish to note. First, as to age. I operated on one baby when it was about five days old, using local anæsthesia. As a rule, I should operate for simple hare lip as soon as the functions of the child were established and it had become inured to the independent existence. The contra-indication would be when the child was abnormally weak or poorly nourished. I believe the early operation will prevent retraction of muscles and give a better lip. The relief to the mother would warrant the early operation if the child is not damaged by it.

Second, in cases of complete cleft, I carry the incision well around the ala of the nostril and free the parts from the bone. One reason for this incision is that it frees the end of the muscle which is attached under the nostril. When sutured it draws down the end of the muscle and unites it to the end of the muscle of the opposite side so that the muscle fibres will be in natural alignment. Besides, the flattened nose is drawn up into position. When the marginal clefts are properly pared, the first suture is so placed that the outer extremity of the first incision is brought up to the junction of the lip with the septum of the nose. As stated, this will correct the flattened nostril and will roll down the lip on the cleft side so that this cut edge will approximate the end of the other part of the lip in the raphe or mid line. This will unite the muscle ends so that in the future development the lip will be more normal and with less tendency to thinning at the margin.

The majority of cases will require more than one operation to close a bad cleft palate. So far as my knowledge goes all operators expect a second or third operation, though they don't all mention it in their descriptions.

ITEMS OF INTEREST CONCERNING THE HOMŒOPATHIC MEDICAL COLLEGE OF OHIO STATE UNIVERSITY.

THE College Hospital, which is known as the University Hospital, is in a most flourishing condition. The capacity of the building is at times taxed to its utmost. Within the short time that the hospital has been in operation a great variety of clinical material has been shown to the classes. The surgical department, presided over by Dr. C. A. Burrett, is receiving new cases daily. The medical cases have been of a great variety and interest. Dr. J. A. Ferree, formerly of Dayton, Ohio, has charge of the eye, ear, nose and throat work, and the medical cases are under the charge of Dr. A. E. Hinsdale. As a result of the kindness of Dr. R. O. Keiser the students have had the opportunity of seeing very interesting cases in the State institutions.

The students of the department have organized a Hahnemannian society, which holds its meetings in the Ohio Union every two weeks. The society is in a very prosperous condition, and is ably presided over by Mr. Kutler, who acts as president, and by Mr. Giles, the secretary. A very interesting program has been arranged and several speakers of prominence have addressed the society and others are to appear in the near future.

A fund of $500.00 has been given the Department of Materia Medica with which to make investigations along the lines of drug action. A laboratory is now being fitted up to be used for this purpose. A drug proving is to be conducted within the near future, and already what promised to be some very interesting work is being conducted, the results of which will be published soon.

Early in the year President Thompson addressed the homœopathic students, and spoke optimistically of the college and of its prospects. President Thompson pointed out the relationship which the college bears to the other departments of the university, and, in addition, gave the students some very sound and practical advice.

Dr. W. B. Hinsdale gave two lectures to the senior class upon "Some Phases of Heart Disease." Dr. Hinsdale expects to return later on and give additional lectures upon this subject.

Natrum sulphuricum.

A doctor of considerable experience remarked the other day that this remedy would cure every case of boils and prevent them from ever returning. A rather exaggerated statement, but there may be something to it.

PRESCRIBING FOR THE SICK.

BY ELI G. JONES, M. D., BURLINGTON, N. J.

A Professor of Materia Medica, in a medical college, in teaching students the action of drugs, gives it from his own viewpoint and that of the school of medicine with which he is identified. In other words, he only tells you a *part* of what the remedy will do. A stream is no higher than the fountain, a professor can only teach what he *knows*. To give a practical illustration of what I mean, I must go back to my student days. We had one professor who thoroughly believed in Gelsemium. He used to carry a bottle of the triturated tincture, gren root Gelsemium, in his hip poket. The things that he claimed to do with that remedy, to our student minds, was simply wonderful. We called him a "Crank on Gelsemium." Yet in after years, in daily practice, I found that all he had said about the remedy was absolutely true, yet he had only told us a part of what the remedy would do. In my study of the materia medica of the homœopathic and regular school, I found out very many new points about this remedy that I never knew before—and still there was something more to be learned about the remedy. Some text books speak of Gelsemium as a diaphoretic and anti-spasmodic, but why has it those properties? To answer that question we must go to the Biochemical Materia Medica. There we find that Gelsemium contains Ferri phos. as one of the chemical constituents, which is the "fever remedy" of that materia medica. It also contains Magnesia phos., which is the anti-spasmodic of the Biochemical Materia Medica. From this it will be seen that we must study the materia medica of all schools to find out the real value of each remedy, and to find out the definite drug action. We may think that we know all about the remedial action of Phytolacca because we have studied the materia medica of the old school, Homœopathic and Eclectic school of medicine, but in the Biochemical Materia Medica we find that Phytolacca contains Calc. fluoride and Kali mur. as two of its chemical constituents, which makes it one of our very best absorbents. Now we may still think we know all about the remedy, but we *don't*, for if we study the materia medica of the Physio-Medical School we will learn very much more about the drug action of Phytolacca, for we must remember that there are no class of physicians so well posted on the medical properties of the trees, plants and flowers of our country as the botanic physicians, for, as a rule, they have depended upon them for over 100 years to heal the sick.

To know materia medica is to be able to heal the sick. It is to be able to prescribe intelligently, rapidly and successfully. A physician thus informed has his resources to draw upon from five different schools of medicine. He can say, as in the Talmud, "I know my power because I have learned from many teachers." I personally know of hundreds of doctors in the United States who have thus *fitted* themselves to heal the sick, and in their practice they lead all other physicians because they have studied the whole realm of drug action!

In daily practice we are often reminded of the *uncertainty* of medicine in the hands of *some* physicians. It is mostly *guess-work* with them. A lady suffering with darting pains through her body had failed to get relief at home, so she went to one of our large cities to consult a specialist on nervous diseases. He could not diagnose the case, but prescribed 600 grains of Mercury in an ointment, rubbed into her abdomen, in the course of three weeks. At the end of that time she returned to report progress. The specialist was very much *surprised* to think she was able to return at that time! She asked him "why he had that ointment rubbed on her abdomen?" He replied: "I did it to find out what ailed you." When physicians go on guessing at things in this way it helps us to understand why in sixty per cent. of the diseases, common to our country, that the *mortality* is *increasing*. It proves that our doctors of all schools are *not* doing all they *might* do for the sick.

I wish that it could be *burned* into the brain of *all* our physicians, and written in the halls of all our medical colleges in letters of *Gold:* That *"Theories may change, fads may come and go, but the true indication of a remedy is the same, yesterday, today and forever. It never changes. We prescribe a remedy because it is the remedy indicated in that particular case. We expect results, and we get them.*

This reduces the business of prescribing for the sick down to an exact science. It is what we mean by DEFINITE MEDICATION, which is *the* system of therapeutics of the future.

Carduus mar.

An attempt was recently made to prove this remedy at the College of Homœopathic Medicine of Ohio State University, but owing to the fact that the supply of tincture was exhausted and could not be replaced we were forced to discontinue the proving. However, one fact was learned concerning the remedy, which is not entirely without value. Seven or eight provers took the drug in 45 drop doses of the tincture three times a day for over a week without obtaining any symptoms whatever. It is thus apparent that a subphysiological dose of this remedy, *i. e.*, a homœopathic dose, may be as high as 45 drops of the tincture.—*A. E. Hinsdale.*

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HOMŒOPATHY IN THE WAR ZONE.

SOME physicians and surgeons of the London Homœopathic Hospital applied to the British Government for permission to operate a red cross unit under homœopathic management for the relief of the wounded. This was refused. Whereupon a similar application was made to the French Government and was promptly accepted.

Drs. Dudley Wright, Hare, Cunningham and Schley first established headquarters in Dieppe at the Hotel du Rhin with a service of about seventy beds and two ambulances.

This was so successful that it attracted further notice of the French Government, who placed at their disposal an old monastery at Yvetot, between Rouen and Dieppe. A Mrs. Bartlett, of Rochester, N. Y., assumed housekeeping charge of the institution, and the monastery was put into excellent shape. Five hundred beds have been installed and American nurses, some trained in homœopathic hospitals are on the nursing staff.

This offers an opportunity for American homœopathic physicians to contribute to the belief of their professional brethren and humanity in the war zone. Help is needed. Doctors, nurses, surgical stores and equipment and money spent therefore will redound to the credit of the homœopathic school of medicine, and do much to bring our system into respect and prominence.

Dr. George Taylor Stewart, of New York, is chairman of the American Committee, which is made up of prominent Homœopaths of New York, and he appeals for liberal contributions for the work.

We are indebted to the *North American Journal of Homœopathy* for this information, and our readers desiring to do something for suffering humanity cannot do better than to liberally contribute to the Alliance Hospital at Yvetot, or the French Red Cross Hospital.

MISSOURI TO THE FRONT.

WHILE Presidents have been advocating and Boards of Trustees endorsing federations of homœopathic interests throughout the States of the Union, the State of Missouri has been doing things.

After several years of disastrous dissociation in St. Louis there has taken place an awakening and the profession of that city met on December 16th and reorganized the St. Louis Homœopathic Medical Association. This includes St. Louis and contiguous counties in Missouri and Illinois and this is to be as District Number 1 in the well worked out plan of State federation.

District Number 2 has been organized under the name of the Kansas City Homœopathic Medical Association and includes the counties of Missouri and Kansas contiguous to the city of Kansas City, or, rather, the cities of Kansas City.

District Number 8 has also been organized at Jefferson City, the State capital. This is called the Central District Homœopathic Medical Society.

Thus three out of the ten districts of the State, as outlined in the districting process, have been thoroughly organized, and the other seven are to speedily follow so that the entire ten districts will be organized before the next meeting of the Missouri Institute of Homœopathy next May.

Each district is to be a unit of affiliation with the State organization known as the Missouri Institute and those joining these district societies become automatically members of the State Association.

Thus Missouri will be the first State to be federated and will be ready to knock for admission the moment the American Institute perfects its plans for general federation.

This is certainly a great work, it has been accomplished mainly under the leadership of Dr. Scott Parsons, of St. Louis, in conjunction with Mr. Arthur Warren Smith, the representative of the Council on Medical Education. We have

before us the map of the State of Missouri. The third district will embrace the northwest counties of the State with the city of St. Joseph as a center. The sixth district will embrace the northeast counties of the State, some twelve in number; the fifth, fourth, ninth and tenth districts will be along the southern tier of counties and the seventh will be composed of a group of centrally located counties.

The names of these districts are the following:—1. St. Louis. 2. Kansas City. 3. St. Joseph. 4. Springfield. 5. Joplin. 6. Northeast. 7. Sedalia. 8. Central. 9. Ozark. 10. Southeast.

This plan which will at once become known as the Missouri plan is one that will commend itself to organizers in all States of the Union, especially those having State organizations. Those not having State organizations will easily be cared for by their neighbors until such times as may be found necessary for a change.

Missouri has certainly "shown" us, by deeds, not idle mouthings, and we bespeak a wonderful revival of homœopathic interests in that neck of the woods.

THE AMERICAN INSTITUTE.

THE local committee has become very active in the preparation for the next meeting in Chicago, June 28th to July 3d.

We understand that the Sherman House has been selected as official headquarters, which we consider an excellent selection. It is centrally located and for years has been the meeting place of homœopathic organizations, such as the State Society and the local societies of Chicago. So it really seems to be a sort of home for Homœopathy as well as being perhaps the best conducted and most popular hotel of Chicago.

The chairmen of the bureaus for the coming meeting are as follows:

Homœopathy, Dr. Royal S. Copeland.
Clinical Medicine, Dr. C. E. Sawyer.
Materia Medica, Dr. Arthur H. Gordon.
Pædology, Dr. W. B. Hinsdale.
Sanitary Science, Dr. H. F. Staples.
Genito-Urinary, Dr. L. T. Ashcraft.
Clinical Research, Dr. James Krauss.

This array of super-excellent talent assures a program rich in possibilities.

Dr. Costain, of the transportation committee, is arranging for a special train to the Pacific Coast to attend the Panama Exposition after the Institute meeting.

The Chicago Homœopathic Medical Society as an organization is very active in arranging to make the 1915 meeting of the Institute the most successful in its history.

BOOK REVIEWS.

OBSTETRICAL NURSING. A Manual for Nurses and Students and Practitioners of Medicine. By Charles Sumner Bacon, Ph. B., M. D., Professor of Obstetrics, University of Illinois and the Chicago Polyclinic; Medical Director, Chicago Lying-in Hospital and Dispensary; Attending Obstetrician, University Chicago Polyclinic, Hernotin, German and Evangelical Deaconesses Hospitals. 12mo, 355 pages, illustrated with 123 engravings. Cloth, $2.00, net. Lea & Febiger, Publishers, Philadelphia and New York, 1915.

Inclusiveness is one of the outstanding characteristics of Dr. Bacon's work. His great experience and unusual opportunities for observation in the handling of obstetrical cases have enabled him to present concisely and yet with most painstaking fullness all the information needed by the nurse to achieve the success in this important field that is conditioned on a full understanding and complete grasp of the minor niceties as well as the fundamentals.

Indeed, as stated in the preface, the needs of medical student and practitioner have been kept in mind as well as those of the nurse. This is due as much to the author's belief that satisfactory results can only be obtained when the physician is fully posted on the approved minutiæ of obstetrical nursing as to a realization that the exigencies of obstetrical practice may compel the nurse to act in place of the physician instead of as his assistant. Hence the section devoted to the handling of labor is more complete and detailed than might be expected in a work of this class.

The author nowhere loses sight of the primary purpose to develop efficiency in obstetrical nursing, but in his preliminary chapters presents a series of general observations of unique value to the nurse about to step from hospital surroundings to the changed conditions of private nursing.

The anatomical structure and functions of the pelvis, the genital and adjacent organs of woman, the development of the fœtus and the relations of the child to its mother are clearly set forth. The physiological and pathological changes of pregnancy; the nursing technic before, during and after labor and of obstetrical operations; lactation; the care of the patients in both ordinary cases and in the rare forms of puerperal disturbances, are given detailed consideration. The chapters devoted to the early care of infants, infant feeding, and to diet, embody the best present day thought on these difficult subjects, presented by one peculiarly qualified to make it available to the nurse.

Nothing has been omitted which is essential to a full appreciation of the duties of the nurse in obstetrical cases, or to the full understanding of principles and procedure. Its clear straightforward diction and uninvolved presentation of the

most approved modern methods constitute it an ideal text book for nurse or medical student and a not less useful hand book for the practitioner.

INFANT FEEDING, ITS PRINCIPLES AND PRACTICE. By F. L. Wachenheim, M. D., Attending Physician Sydenham Hospital and Mount Sinai Dispensary, New York City. 12mo, 340 pages. Cloth, $2.00, net. Lea & Febiger, Publishers, Philadelphia and New York, 1915.

The author has accomplished the monumental task of carefully considering the enormously extensive literature of this subject and presenting in readily available form the ultimate conclusion of the world's leading authorities and the most successful present day practice.

So great is the volume of the literature referred to, and so widely do the authorities differ, that in the resultant confusion the practitioner who seeks light in this most difficult and important field is sure to welcome this volume in which the author gives critical consideration to the various systems and formulas, rejecting those which fail in some important particular.

In the preliminary chapters a clear presentation of facts regarding infant digestion and metabolism opens the way to easy grasp of the detailed information. A point of interest is the author's demonstration of the extent to which the capacity of the infant's stomach is underestimated. Enlightening data is presented regarding protein, carbohydrate, salt and particularly fat metabolism. After reviewing fully the problems of breast feeding Dr. Wachenheim concludes that even in cases of serious digestive derangement, if the supply is adequate, the only safe procedure is to keep the child at the breast.

The bacteriology of milk; milk infection; the constituent elements of cow's milk and the essential difference between it and human milk; milk regulation and the feeding of whole milk, are treated at length. While the basis of the discussion of milk modification is highly scientific, the reasoning is so logical and the conclusions so clearly stated that the practitioner cannot but find this section useful when called upon to draft a series of formulæ, while the specialist will find herein much interesting new material based on the author's study and observation.

He rejects top milk method as inaccurate, as well as characterized by inherent defects. He also makes out a strong case against the percentage method, and recommends the Jacobi system of simple dilutions. The formulas presented are readily adaptable to the individual requirements of the case in hand. The cause, symptomatology, diagnosis and treatment of digestive and metabolic disorders are considered at length. A section on the feeding of older infants up to four years brings the work to a logical conclusion.

MODERN MEDICINE. Its Theory and Practice. In Original Contributions by American and Foreign Authors. Edited by Sir William Osler, Bart., M. D., F. R. S., Regius Professor of Medicine in Oxford University, England; formerly Professor of Medicine in Johns Hopkins University, Baltimore; in the University of Pennsylvania, Philadelphia, and in McGill University, Montreal; and Thomas McCrae, M. D., Professor of Medicine in the Jefferson Medical College, Philadelphia; Fellow of the Royal College of Physicians, London; formerly Associate Professor of Medicine in Johns Hopkins University, Baltimore. In five octavo volumes of about 1,000 pages each. Volume IV. Diseases of the Circulatory System; Diseases of the Blood; Diseases of the Lymphatic System; Diseases of the Ductless Glands; Vasomotor and Trophic Disorders. *Just ready.* Price per volume, cloth, $5.00, net; half morocco, $7.00, net. Lea & Febiger, Publishers, Philadelphia and New York, 1915.

The publication of Volume IV. of Modern Medicine marks another important step towards the completion of this monumental work. Its appearance, while the impression of extraordinary usefulness created by its immediate predecessors is fresh in the minds of its fortunate readers, naturally creates a receptive atmosphere which is amply justified by the scope of the volume; by the practical and exhaustive consideration afforded the various subjects, and the editorial acumen evidenced in the assignment of space and the selection of the authority best qualified to treat each of the subjects taken up. The distinguished editor has contributed more largely to this than to the preceding volumes.

The volume under consideration conforms to the high standard already established for this series in intrinsic value and in the perfection of typographical and illustrative details. It deals with the Diseases of the Circulatory System, of the Blood, of the Lymphatic System, of the Ductless Glands, and with Vasomotor and Trophic disorders. In each of the five sections the reader is presented, fresh from the pen of the author, with a clear exposition of the best present day thought and practice.

While the very wealth of valuable material comprised in this volume precludes any extended review of the individual contributions, among those which are worthy of special mention are the chapters on Arterial and Valvular Diseases, by Sir William Osler; on Insufficiency and Dilatation, by Alexander G. Gibson, M. D., F. C. C. P.; on Diseases of the Lymphatic Vessels and of the Lymphatic Glands, by Aldred Scott Warthin, M. D.; on Pernicious and Secondary Anæmia, Chlorosis and Leukæmia, by Richard C. Cabot, M. D.; on Diseases of the Adrenal Glands, the Pituitary Body and of the Thyroid Glands, by George Dock, M. D.; on Hodgkins'

Disease, by Warfield T. Longscope, M. D., and on Vasomotor and Trophic Disorders, by the Editor.

NEWS ITEMS.

MICHIGAN.

A fine program was offered at the January meeting of the Homœopathic Society of Western Michigan.

Extensive preparations are being made for the meeting of the Michigan State Homœopathic Society, which meets in Lansing in May. Dr. L. N. Tuttle, of Holland, is President, and Dr. A. B. Smith, of Grand Rapids, Secretary.

NEW YORK.

There has not been a death from small-pox in Olean for the past fifty years despite the recent epidemic. However, under an order of compulsory vaccination an eleven year boy, in perfect health, died on December fifth, as a result of that operation. Vaccination is not a rite to be practiced indiscriminately by political doctors, it should always be the family physician who should decide in each case.

PENNSYLVANIA.

The Homœopathic Medical Society of the County of Philadelphia held its regular monthly meeting at Hahnemann College, Thursday evening, December 10th, 1914, at 8:30 o'clock. A Symposium on Syphilis of the Heart and Aorta consisted of the following papers being read:

"Physical Signs," Wm. Rendell Williams, M. D.

"Pathology and Specific Signs," S. W. Sappington, M. D.

"Treatment," G. M. Golden, M. D.

A favorable report from the Committee on Free Scholarship was read and all members of the society were urged to send in their subscriptions at an early date. The meeting was followed by a Social Hour and a very enjoyable time was had by those present.

WM. M. SYLVIS, M. D., *Secretary.*

The Clinico-Pathologic Society of Philadelphia held its regular monthly meeting, at Hahnemann College, Saturday evening, December 19th, 1914, at 8:30 o'clock. The scientific program consisted of the following:

"Report of An Interesting Surgical Case," H. P. Leopold, M. D.

"Pyloric Stenosis," Wm. Steele, M. D.

"Twilight Sleep," W. C. Mercer, M. D.

A hearty discussion took place, after which the nomination of officers was next in order. The censors reported favorably the names of Drs. A. P. Copeland and H. K. Roessler. The report of several interesting clinical cases added much interest to the meeting.

B. K. FLETCHER, M. D., *Secretary.*

The Germantown Homœopathic Medical Society held its regular monthly meeting at the Hotel Majestic, Broad and Girard avenue, on Monday, the 21st of December, 1914, at 9 o'clock in the evening. Dr. Wm. B. Van Lennep, in his well known fluent manner, gave an address on "The Surgery of the Stomach and Intestines," which he illustrated by diagrams and which proved to be an interesting feature of the occasion. The nomination of officers took place, after which the Censors reported favorably the name of Dr. Wm. J. Best. The meeting was attended by a large number of members.

L. W. THOMPSON, M. D., *Secretary.*

The Philadelphia Society for Clinical Research held its regular monthly meeting on Wednesday evening, December 16th, 1914, at 9 P. M., at the Athletic Club, 1626 Arch street. After the regular routine of business the members took part in some interesting tournaments, among which were swimming, boxing, bowling and pool. At ten o'clock all sat down to the banquet board and to which all did justice. The meeting was an enjoyable one and was well attended.

A. E. STEINHILBER, M. D., *Secretary.*

The Homœopathic Medical Society of the 23d Ward of Philadelphia held its regular monthly meeting on Wednesday, December 16th, at The Stenton, Broad and Spruce streets. Dr. W. H. Hammond read a paper on "Lesions About the Appendix Caused by Abnormal Peritoneal Folds," which was well presented. There was a full attendance of members and an enjoyable time was had by those present.

J. D. BOILEAU, M. D., *Secretary.*

Greek Letter men adjourn. With the election of officers and a banquet, the annual convention of the Pi Upsilon Rho, the oldest national homœopathic fraternity in the United States, was concluded in Philadelphia, on Saturday, January 2, 1915. Chicago was selected as the next meeting place, and Dr. L. H. Thompson, of Chicago, was elected president. Coincident with the meeting of the national organization the local alumni organization met, and Dr. Gilbert Palen, professor of otology at Hahnemann Medical College, was elected president for the ensuing year.

The convention started with a series of special clinics in Hahnemann Hospital, on Thursday, December 31st, 1914, Dr. Palen conducting that in otology, Dr. G. Harlan Wells in medicine, and Professor Ralph Bernstein in dermatology. On Thursday evening, at 7:30 o'clock, a meeting was held at the fraternity rooms, in the Parkway Building, Broad and Cherry streets, at which first degree initiation took place. On Friday morning, January 1st, 1915, the members viewed the New Year's parade from Hahnemann Medical College, after which lunch was served. Friday afternoon the members enjoyed a sight-seeing tour of the city. Friday evening the annual banquet was held, at the Colonnade Hotel, at which Dr. G. J. Palen acted as toastmaster. The addresses were made by Dr. G. H. Widman, of Philadelphia; Dr. L. H. Thompson, of Chicago; Dr. Edmond Bernicker, of Chicago; Dr. W. Jiles, of Columbus, O.; Dr. A. M. Thornton, of Ann Arbor, Mich.; Dr. G. Harlan Wells and Professor Ralph Bernstein, of Philadelphia, and Dr. Harry Hoffman, Assistant Superintendent of the Pennsylvania State Homœopathic Hospital, at Allentown, was

elected treasurer of the local alumni chapter. Saturday afternoon, at 2 P. M., a fraternity meeting was held. The convention closed its program with a theatre party Saturday evening. Over two hundred members of the fraternity attended the convention.

PERSONALS.

Dr. Wm. Steele, of 2340 North 13th street, Philadelphia, announces change of office hours. Hours, 8 to 10 A. M., 5:30 to 7:30 P. M. Sundays by appointment. Diseases of heart and lungs. Diseases of children.

Dr. M. W. Rendell announces the opening of offices at 5528 Chester avenue, Philadelphia.

OBITUARY.

Mrs. Euphemia Brader Harpel, wife of Dr. F. E. Harpel, Danville, Pa., died at the family home, Ferry street, on Thursday morning, December 31, 1914, after an illness of several months with a complication of diseases.

Mrs. Harpel was fifty-four years of age and was the daughter of the late Rev. and Mrs. J. M. Brader. She is survived by her husband and two daughters, Mrs. Theo. R. Angle and Miss Frances Harpel, both of Danville.

VERMONT.

Doctor Daniel Cook Noble, of Middlebury, Vermont, died in Burlington, Vt., on Monday, January 18, 1915, after an illness of over two years' duration. The funeral services were conducted by Mt. Calvary Commandery, No. 1, Knights Templar, of which order he had been, for many years, a prominent member.

Doctor Noble was born in Benson, Vt., January 3, 1862. In 1892 he was graduated from the New York Homœopathic Medical College. During his Senior year and the year following he was connected with the Flower Hospital. He began the practice of medicine in Middlebury in the spring of 1893, a practice engaged in with exceptional success until illness compelled its relinquishment in the fall of 1912. He was married May 10, 1898, to Jessie Louise Chapman, of Middlebury, who, with their daughter, Florence, survives him.

The record in its bare detail can in no way tell the story of a life whose ending, at its height of usefulness, has brought to his community a peculiar sorrow; the closing of the public schools on the day of the funeral was a fitting indication of a universal regard. Modest, companionable, sympathetic, unselfish, Doctor Noble was, to an ever-widening circle, the beloved physician. Nor did the duties of an arduous profession keep him from an active participation in public affairs. He was Surgeon-General on the staff of Governor Prouty, and as health officer, trustee, and member of the Prudential Committee of School District No. 4, he gave the village, for many years, a full measure of careful, conscientious service. No one, perhaps, was more thoroughly or more helpfully identified, in public relations and in church, fraternal, and social life, with all that was best in Middlebury affairs.

SOCIETIES.

REUNION AT OHIO STATE UNIVERSITY.

ON December 12th the first reunion of the College of Homœopathic Medicine of Ohio State University was held at Columbus. The early arrivals were placed in charge of the senior students who acted as guides, showing the guests the various buildings and places of interest on the campus of the University. Great interest was manifested in the exceptional facilities available for the instruction in Chemistry, Bacteriology, Physiology and Histology. At 12:30 all the students and visitors assembled at the Ohio Union where there was a group photo taken and the guests were introduced to Dr. William Oxley Thompson, President of Ohio State University; Byron E. Miller, M. D., of Portland, Ore., President of American Institute of Homœopathy; Mary E. Mosher, M. D., of Boston, Second Vice-President of American Institute of Homœopathy, and numerous others. The luncheon was an enjoyable one, well gotten up, well served and "staged" among typical college surroundings, the decorations being pennants and banners from practically every college of note in the country. After the luncheon the program was taken up. Dr. C. E. Sawyer, of Marion, acting as toastmaster. President Thompson spoke on the subject of "The University and the Homœopathic College of Medicine," and his remarks indicated the kindly feeling he holds toward the Homœopathic College, and that he is with us body and soul.

President Byron E. Miller, of Portland, spoke on the "American Institute of Homœopathy," his remarks being timely and interesting. Dr. H. H. Baxter speaking of "Our Cleveland Faculty and Alumni of the Homœopathic Medical College," emphasized the fact that the former faculty of the Cleveland School as well as the Cleveland Alumin are back of the school here to a man, and that there is not a "sore head" in the lot.

Dr. James C. Wood took the subject of the recognition of the "Homœopathic Profession by the College of Surgeons," a move which he considered a great forward step towards the legitimate recognition of Homœopathy.

Dr. W. B. Hinsdale, of Ann Arbor, Michigan, passed out a lot of terse and appropriate advice to the students and faculty of the new school.

Dr. George Royal, of Des Moines, Iowa, told of the fight in Iowa to oust Homœopathy from the State University, and in his characteristic "scrappy" manner told how he had fought the enemy back and placed the Homœopathic College back in its place more firmly than ever.

James W. Ward, M. D., of San Francisco, told of the fine condition of the Hahnemann Medical College of the Pacific.

Judge B. F. McCann, one of the Trustees of

Ohio State University, spoke of "The Ohio State University's Purpose in Instituting a Homœopathic Medical College," and showed that the trustees of the university in spite of the opposition of the old school, will stand by the College of Homœopathic Medicine of Ohio State University to the last, and do all possible to make it the finest in the country.

Speaking of Columbus as the center of the country, geographically, and as having the chance to be the center of education, Dr. Claude A. Burrett, acting dean of the college, spoke of the plans and hopes of the faculty and profession with ergards to the college.

The last number on the program was under the title of "The Man Behind the Gun," by T. A. McCann, M. D., of Dayton, and after reading a few notes he thought he might forget if he tried to remember them, this "live Homœopath" turned his big guns loose on his hearers. His story of the fight to place a homœopathic college in Ohio State University, and his promises for the future created great enthusiasm among his hearers. There were about two hundred present.

REUNION HOMŒOPATHIC MEDICAL SOCIETY.

This meeting, held in the Rose Room of the Hotel Virginia, was attended by all of the students of the College of Homœopathic Medicine of Ohio State University and about one hundred physicians.

Dr. Keiser, president of the society, recapitulated the history of the Ohio Society briefly in his opening address, and Dr. Byron E. Miller brought out the important place the societies hold in regard to the profession.

Dr. Mary E. Mosher, of Boston, speaking of the "Woman's Part in Homœopathic Societies," prefaced her talk with a few breezy hits that brought a laugh from all her hearers. She bade the men of the profession look to their laurels or the women would be out-doing them in the society activities.

Dr. W. A. Dewey, of Ann Arbor, Michigan, speaking on "Propagandism in Our Societies," indicated that the age of the mysterious prescriber is past, and that the open and above board methods of the homœopathic profession was rapidly making its weight felt. He also spoke of the rating of hospitals, and gave comparative figures on per cent. of cures in various ones.

With "Value of the Journal to Our Societies, Past and Present" as a subject, Dr. J. R. Horner, of Cleveland, and Sarah M. Hobson, of Chicago, emphasized the fact that every doctor who would be up-to-date should read every issue of their journal and not "scrap" it at once, a fact that they considered as very essential to keeping up to the latest ideas in medicine and also keeping in touch with the society's activities.

Dr. A. E. Hinsdale presented a digest of statistics which he has gathered from data sent in by physicians all over the State showing that the better and more intelligent class of people employ a homœopathic physician. The meeting then adjourned and the balance of the evening was spent in a pleasant renewal of old acquaintances and social talk.

Reported by
MR. M. B. CRAFTS.

OBITUARY.

Dr. Frederick L. Foster.

Fond du Lac, Dec. 10, æt. 41. Hahnemann Medical College, Chicago, 1900.

Dr. George G. Hitchcock.

South Hadley Falls, Dec. 20, æt. 65. New York Homœopathic College, 1870.

Dr. George Nichols.

Brooklyn, N. Y., Dec. 10, æt. 85. Hahnemann Medical College, Philadelphia, 1861.

Dr. John M. Smith.

Lafayette, Ind., Dec. 26, æt. 67. Hahnemann Medical College, Chicago, 1869.

Dr. Daniel C. Noble.

Middlebury, Vermont, Jan. 18, æt. 52. New York Homœopathic College, 1892.

Dr. J. M. Howe.

New York, Nov. 13, æt. 70. New York Homœopathic College, 1879.

Dr. J. L. Cardozo.

A prominent homœopathic physician of Brooklyn, died on Nov. 3, æt. 82 years.

Dr. W. S. Norcross.

Auburn, Me., January 6, æt. 70. Homœopathic Medical College of Iowa State University, 1886.

Dr. James S. Shaw.

Renie, Mass., January 1, æt. 76. Boston University School of Medicine, 1876.

Dr. W. W. Knowlton.

Camden, N. J., January 23, æt. 43. Hahnemann Medical College, Philadelphia, 1893.

Dr. John E. Barrette.

Lawrence, Neb., January 10. University of Iowa Homœopathic College, 1886.

Dr. Wm. F. Cook.

Port Allegheny, Pa., January 3, æt. 44. Hahnemann Medical College, Philadelphia, 1899.